

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<010> Study Area Code	488014
<015> Study Area Name	Triangle Communication System, Inc.
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Timothy E. Welch
<035> Contact Telephone Number: Number of the person identified in data line <030>	2023211448 ext.
<039> Contact Email: Email of the person identified in data line <030>	welchlaw@earthlink.net

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040> ☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting <041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042>

<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No) <080> ☒ ☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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<039>	Contact Email Address - Email Address of person identified in data line <030>	welchlaw@earthlink.net

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	1637222
<111>	Filing Carrier Name	Triangle Communication System, Inc.
<112>	Winning Bidder Carrier Name	Triangle Communication System, Inc.
<113>	Street Address (or PO Box)	Box 1220
<114>	City	Havre
<115>	State	MT
<116>	Zip-Code	59501-1220
<117>	Telephone Number	4063947807 ext.
<118>	Fax Number	4063947801
<119>	Email Address	grainey@itstriangle.net

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Timothy E. Welch
<121>	Filing Carrier Name	Triangle Communication System, Inc.
<122>	Street Address (or PO Box)	1025 Connecticut Ave NW #1000
<123>	City	Washington
<124>	State	DC
<125>	Zip-Code	20036
<126>	Telephone Number	2023211448 ext.
<127>	Fax Number	3016222864
<128>	Email Address	welchlaw@earthlink.net

Authorized Agent Information

if no agent, indicate in this box

☒

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

(060) Coverage and Performance Report

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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<039>	Contact Email Address - Email Address of person identified in data line <030>	welchlaw@earthlink.net
<140>	Coverage and Performance Report Year	07/2015 - 06/2016

Coverage and Performance attachments

SAC488014_CPRE_Broadband_MT_09172015.zip,
SAC488014_CPRE_Voice_MT_09172015.zip,
SAC488014_CPRE_Eligible_Census_Blocks_02082016.zip

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				-- See attached worksheet						
				--						

Percentage of Total
Population Reached by
Service

92

Percentage of Total
Road Miles covered
by Service

0

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Triangle Communication System, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/24/2016
Printed name of Authorized Officer:	Gail Rainey
Title or position of Authorized Officer:	Asst. General Manager
Telephone number of Authorized Officer:	4063947807 ext.
Study Area Code of Reporting Carrier:	488014 Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	welchlaw@earthlink.net

<142> State MT

Blaine

<143> County _____

Fort Belknap Indian Community

<144> Tribal Land(s) on which ETC Serves _____

488014_Tribal Contact Certification.pdf

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

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<200>	Date Authorized to Receive Support	07/18/2014
<201>	Targeted Completion Date	07/18/2016
<202>	Total Mobility Fund Support Awarded	650000.00
<203>	Total Mobility Fund Support Disbursed	216666.67

<210>	Actual Completion Date	02/02/2016
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<211>	Project Status Description (attached)	488014_TribalAuction Project Status_160623.pdf {Name of PDF attached}
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Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218>	Network will Support 3G/4G Mobile Service ?	<input checked="" type="radio"/> 3G	<input type="radio"/> 4G
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:**Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Triangle Communication System, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/24/2016

Printed name of Authorized Officer: Gail Rainey

Title or position of Authorized Officer: Asst. General Manager

Telephone number of Authorized Officer: 4063947807 ext.

Study Area Code of Reporting Carrier: 488014

Filing Due Date for this form: 07/01/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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Attachments

(060) Coverage and Performance ReportFCC Form 690
Approved by OMB
OMB Control No. 3060-1185

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<140> Coverage and Performance Report Year 07/2015 - 06/2016

<141>									
<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
MT	Blaine	1007	4	4	4	0.0	0.0	0.0	Yes
MT	Blaine	1177	5	5	5	0.0	0.0	0.0	Yes
MT	Blaine	1188	8	4	4	0.0	0.0	0.0	Yes
MT	Blaine	1189	15	15	15	0.0	0.0	0.0	Yes
MT	Blaine	1190	95	79	79	0.0	0.0	0.0	Yes
MT	Blaine	1195	97	96	96	0.0	0.0	0.0	Yes
MT	Blaine	1196	7	7	7	0.0	0.0	0.0	Yes
MT	Blaine	1216	7	7	7	0.0	0.0	0.0	Yes
MT	Blaine	2051	5	4	4	0.0	0.0	0.0	Yes
MT	Blaine	2069	3	3	3	0.0	0.0	0.0	Yes
MT	Blaine	2078	3	3	3	0.0	0.0	0.0	Yes
MT	Blaine	2079	2	2	2	0.0	0.0	0.0	Yes
MT	Blaine	2083	5	5	5	0.0	0.0	0.0	Yes
MT	Blaine	2090	6	5	5	0.0	0.0	0.0	Yes
MT	Blaine	2104	4	4	4	0.0	0.0	0.0	Yes
MT	Blaine	2107	6	4	4	0.0	0.0	0.0	Yes
MT	Blaine	2113	149	125	125	0.0	0.0	0.0	Yes
MT	Blaine	2114	60	60	60	0.0	0.0	0.0	Yes
MT	Blaine	2121	28	26	26	0.0	0.0	0.0	Yes
MT	Blaine	2123	78	75	75	0.0	0.0	0.0	Yes

Percentage of
Total Population
Reached by
Service

92

Percentage of Total
Road Miles covered
by Service

0

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<140>	Coverage and Performance Report Year	07/2015 - 06/2016

[illegible]

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Total Population
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92

Percentage of Total
Road Miles covered
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0